

## Exhibit 2:

# Supportive Housing Program (SHP)

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### Section A. Project Narrative

Section A is a description of your proposed project. Please respond to the items in Section A according to the following:

- *The only exception is applicants for new SSO projects requesting only funds for HMIS activities; such applicants answer items 1 and 7*

1. **Project summary.** Provide a brief overview of your project in one paragraph. In a second paragraph, describe exactly how the SHP funds you are requesting will be spent.

If you are requesting SHP funds for acquisition and/or rehabilitation of a structure(s), please attach a photograph of the structure(s).

Supportive Housing Program (SHP) funds are being requested for the development of a Maricopa County Regional Homeless Management Information System (MCRHMIS). The MCRHMIS system will be designed to meet the following goals 1) provide an unduplicated count of homeless individuals accessing shelter and services throughout the region, 2) identify service needs within the community, 3) improve delivery of services to homeless clients by providing reliable information regarding availability of shelter and services, 4) allow better coordination of programs and sharing of information between agencies and stakeholders, and 5) to satisfy HUD objectives to ensure continuity of HUD Continuum of Care funding including HMIS requirements and the accurate inventory of available beds and resources for the preparation of the HUD Annual Gaps Analysis.

SHP funds will be used to 1) purchase an existing HMIS software package identified as a 'best practice' by the McCormack Institute, Center for Social Policy; 2) purchase network server and workstation hardware; 3) purchase routers, hubs, switches and 4) hire personnel (or enter professional services subcontracts) to install, operate and manage the countywide project. Seven (7) full time positions will be created to manage the project, oversee network operations, train staff at participating organizations and provide ongoing technical support to stakeholders during the implementation of the project.

2. **Homeless population to be served.** Identify the following for the population to be served by the proposed project.

Not Applicable – HMIS Project

3. **Housing where participants will reside.**

Not Applicable – HMIS Project

4. **Supportive services the participants will receive.:**

Not Applicable – HMIS Project

5. **Accessing permanent housing.**

Not Applicable – HMIS Project

6. **Self-sufficiency.**

Not Applicable – HMIS Project

7. **Homeless Management Information Systems.** Describe the following:

- a. How the Continuum of Care's homeless needs will be assessed, resources allocated and services coordinated more efficiently and effectively through the introduction of a new or expanded Continuum of Care-wide HMIS.

At the present time, there is no regional capacity within the Maricopa County Continuum of Care for the collection and sharing of client and resource availability. Most available data is collected on an agency by agency basis, therefore there is little sharing of client information or unduplicated counts of need for the Valley. This has caused a number of barriers to the development of an integrated homeless Continuum of Care for Maricopa County. The use of multiple agency assessment methodologies, intake criteria and data collection has led to disagreement between providers, government agencies and the private sector over definition

of basic issues such as homelessness, service classifications, outputs and classification of existing beds. The lack of shared information and clear definition of issues also produces inefficiencies in the provision of shelter and supportive services due to multiple intakes and assessments of clients, incomplete inventories of available services and beds, lack of shared information between providers and agencies, and poor integration of Continuum components. Finally, the lack of a regional homeless HMIS system compromises the ability of the Maricopa County Continuum to meet the requirements of HUD Continuum of Care funding particularly the need for reliable annual Gaps Analysis.

The project proposed herein, would be the purchase and implementation of an approved HMIS software package (as well as necessary hardware and technical support staffing). At a minimum, the selected system would address the difficulties identified above and would satisfy the following criteria:

- provide an unduplicated count of homeless individuals accessing shelter and services throughout the region,
- identify service needs within the community
- improve delivery of services to homeless clients by providing reliable information regarding availability of shelter and services
- allow better coordination of programs and sharing of information between agencies and stakeholders, and
- satisfy HUD objectives to ensure continuity of HUD Continuum of Care funding including HMIS requirements and the accurate inventory of available beds and resources for the preparation of the HUD Annual Gaps Analysis.

The decision to submit an application process for the development of an MCRHMIS system is the product of months of discussions between service providers, governmental agencies and the private sector. While many of the details are still being discussed, the community has created a forum to solicit input from stakeholders, develop community consensus around programmatic needs, secure necessary project matching funds and leverage and oversee the actual purchase and implementation of the system. These functions are the responsibility of the Maricopa Association of Governments (MAG) Continuum of Care Homeless Planning Subcommittee. A HMIS Steering Committee (HMIS Committee) has been formed to monitor and oversee the development of the MCRHMIS that will submit regular reports to the Homeless Planning Subcommittee. The Steering Committee has also formed a user group comprised of all interested providers and other stakeholders to review and assess the materials provided by the McCormack Institute Center for Social Policy and the City of Seattle Safe Harbor Project. The user group will develop a technology plan, design the local database requirements and issue an RFP for purchase of a client tracking software package by January 31, 2002. This recommendation will be submitted to the Steering Committee and eventually to the Homeless Planning Subcommittee for ultimate community approval. In order to further insure that the MCRHMIS is properly designed and implemented, MAG has secured funding for the MCRHMIS planning process including technical assistance from the University of Massachusetts. The University of Massachusetts has conducted extensive studies related to essential components of HMIS systems and provided technical assistance to the City of Seattle Safe Harbors HMIS Project.

- b. Demonstrate the level of participation in the proposed New or Expanded HMIS project below:

**New HMIS:** Demonstrate that at least 50 percent of the beds/units (emergency, transitional and McKinney-Vento permanent housing) currently in place in the continuum will be included in a CoC wide-HMIS.

**Expansion and/or update of existing HMIS:** Describe the current level of participation in the HMIS of operating residential homeless assistance projects. List the names of additional projects which will participate in an expanded HMIS.

The Maricopa County Continuum of Care has 7,924 beds in the current inventory. As evidenced by letters of participation, the following housing providers will participate in the Maricopa County Regional Homeless Management Information System:

Arizona Behavioral Health Corporation  
Arizona Housing, Inc.  
Catholic Social Services  
Central Arizona Shelter Services, Inc.  
Chrysalis Shelter for Victims of Domestic Violence  
Homebase Youth Services  
Homeward Bound  
House of Refuge  
Housing Opportunities Unlimited  
Labor's Community Service Agency  
Mesa CAN – EVTTLIC

Phoenix Rescue Mission  
Phoenix Shanti Group  
A Place Called Home  
PREHAB of Arizona  
Save the Family  
Sojourner Center  
The Salvation Army  
Tumbleweed  
United Methodist Outreach Ministries  
YWCA

The housing providers listed above have 5,123 beds that represent 65% of the total beds in the continuum. In addition to the housing providers, the following stakeholders/service providers will also participate in this project:

Arizona Department of Commerce  
Arizona Department of Economic Security  
Community Voice Mail  
Maricopa County Healthcare for the Homeless  
City of Phoenix

Piper Trust  
The Society of St. Vincent De Paul  
Tempe Community Council  
ValueOptions  
Maricopa Association of Governments

- c. Identify the lead agency designated to oversee the HMIS project.

The lead agency is Community Information & Referral (CIR) on behalf of the MAG Continuum of Care Homeless Planning Subcommittee. CIR will serve as project applicant and sponsor. CIR will also host the network server and either employ staff or supervise subcontracts associated with the project.

- d. Provide the timetable for implementing the new or expanded HMIS as proposed in the application.

The timetable for implementing the project is:

June 2001 to September 2001	User Group determines system requirements and establishes project plan
October 2001 to November 2001	Develop data structure and system architecture
December 2001 to January 2002	Determine Vendors and analyze costs
January 31, 2002	Issue RFP for software vendor
February 2002- March 2002	Review vendor responses to RFP
April 2002	Select Vendor
May 2002 to June 2002	Purchase hardware, install server software, develop training program
July 2002 to December 2002	Pilot beta testing with selected providers (5 agencies)
January 2003 to June 2003	Phase 1 implementation (15 agencies)
July 2003 to January 2004	Phase 2 implementation (remainder of agencies)

- e. Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project.

This project is new in design and scope, therefore there are no state or local funds currently committed to this project.

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## Section B. Experience Narrative (To be completed by all applicants)

Section B is a description of the experience of all the organizations involved in carrying out the project. (Refer to section V(A)(1) of the NOFA for the Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably no more than three typed pages:

1. The specific type and length of experience of **all organizations** involved in implementing the project, including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the project and experience working with homeless people.

Community Information & Referral, a 501(c)(3) non-profit since 1979, was founded in 1964 and has been operating a countywide domestic violence and homeless shelter hotline referred to as CONTACS (Community NeTwork for ACcessing Shelter) since October, 1998. The CONTACS hotline is a specialized 24-hour, bilingual, toll-free service dedicated to helping homeless people and victims of domestic violence locate available shelter beds in 77 homeless and domestic violence shelters located in Maricopa County, Arizona. The CONTACS call center operators answer calls coming for the dedicated CONTACS telephone lines and gathers certain caller demographics in addition to preliminary shelter intake information. Each CONTACS call center operator has access to a computerized connection to central database identifying each homeless and domestic violence shelter in the area and the number of available beds. Based on the CONTACS caller intake information gathered, the CONTACS call center operator identifies the most appropriate and available shelter for the client. Once the shelter is identified, a call is made to the shelter to confirm that space is still available. If space is available, the caller is connected with the shelter staff to complete the screening and intake procedure. In domestic violence cases, if no bed availability exists at the time of the call, domestic violence victims are connected to PREHAB of Arizona's DV STOP (Domestic Violence Safe Temporary Overflow Program). In these cases, a DV STOP Case Manager completes the intake and further determines the need with the client. When appropriate to do so, the DV STOP Case Manager arranges for the domestic violence victim and children, if appropriate, to be transported by the American Red Cross to an identified hotel or motel in Maricopa County.

The CONTACS Hotline staff responded to 29,145 calls from domestic violence victims and homeless individuals during calendar year 2000. 18,899 of these calls were to the CONTACS Hotline from homeless individuals seeking emergency shelter. CONTACS is funded by the City of Phoenix through its Continuum of Care HUD program, the Valley of the Sun United Way, and the Cities of Scottsdale and Glendale.

The CONTACS database is a Microsoft SQL Server database, under the WindowNT 4.0 operating system, running on a 200MHZ Pentium server. The CONTACS software was designed by the Kentah Group for the City of Phoenix and has been hosted on the Internet by CIR for the last 2 years. CIR, along with 70 other agencies, uses this database to assist callers looking for bed availability through a dedicated homeless or domestic violence shelter server housed and maintained at CIR. CIR now uses a 768 kpbs Internet connection and services provided through contract with XO Communications.

2. If your project structure will be constructed or rehabilitated, please describe experience in these areas and/or experience in contracting for and overseeing the rehabilitation or construction of housing.

Not Applicable – HMIS Project

3. List ***all*** HUD McKinney grants received or your participation in the Single Family Property Disposition (SFPD) Homeless Program, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.

Grant	Grant #	Grant Amount	Amount Spent
HUD Supportive Housing (1996)	AZ39B96-0012	\$148,808	\$148,808
SHP Renewal (1999)	AZ39B96-0012	\$163,433	\$163,433
SHP Renewal (2000)	AZ01B00-2204	\$353,502	\$0 (for upcoming yr.)

4. Please explain any delays in implementing any of the grants listed in (3) above which exceed applicable program timeliness standards.

Not Applicable – no delays

5. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (3) above.

Not Applicable – no unresolved or outstanding audit findings

6. For renewal projects only: **NOT APPLICABLE**

So that HUD can assess the capacity of the applicant to administer the project, please answer the following:

- a. If you have been granted one or more extensions for your project, please describe:
  - the number of extensions granted;
  - the extension period (e.g., two months, one year); and
  - the reason(s) why the extension(s) was necessary.
- b. If the renewal project is operating at less than full capacity, please explain why and how you are correcting the situation.

**Section C. Project Information** (please type or print)

Project Name: Maricopa County Regional Homeless Management Information System	Project Priority No. (from project priority chart in Exhibit 1): <b>21</b>
Project Address (street, city, state, & zip): 1515 E. Osborn Road, Phoenix, AZ 85016	
Project Sponsor's Name: Community Information & Referral	Proj. Congressional District(s): <b>1</b>
Sponsor's Address (street, city, state, & zip): 1515 E. Osborn Road, Phoenix, AZ 85016	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax): Roberto Armijo, Executive Director, phone 602-351-2499, fax 602-263-0979	

**Section D. Program Component/Types**

1. Please check one box: (please see Projects section of Qs & As before responding)
- ☒ New Project (You must complete section E)
- ☐ Renewal Project *[Note: You must be the identified grantee in the current grant agreement with HUD to be eligible to request renewal funding for the project.]*

Enter the HUD grant number of the grant being renewed: \_\_\_\_\_

Enter other HUD grant numbers previously assigned to this project: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

2. Please check the box that best classifies the project for which you are requesting funding. Check only one box.
- The components/types are:
- ☐ Transitional Housing
- ☐ Permanent Housing for Persons with Disabilities
- ☒ Supportive Services Only
- ☐ Safe Havens
- ☐ Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

**Section E. Existing Facilities and/or Activities Serving Homeless****Persons**

*(To be completed for new projects only; renewal projects skip to section F.)*

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?
- ☐ Yes (Check one or more of the activities below that describe your proposed project, then proceed to Section F.)
- ☒ No (Skip to section F.)

2. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the five purposes listed below. SHP cannot be used to fund on-going activities.

Not Applicable

## Section F. Number of Beds, Participants, and Supportive Services

Section F is composed of three charts.

Chart 1 is for recording the number of beds/bedrooms in the project. Do not complete the beds section of the chart if the project is for supportive services only (SSO).

Chart 2 is for recording the number of participants to be served. Information on *all* projects should be entered in this section except for SSO projects requesting funding *only* for HMIS.

### Complete Chart 1 and Chart 2 based on the following instructions.

1. In the *first column*, please enter the requested information for all items at a point in time. You should only fill out this column if you checked “Yes” in section E or you are proposing a renewal project. If you checked “No” in section E enter “N/A” in this column.
2. In the *second column*, enter the new number of beds and persons served at a point in time if this project is funded. If this is a renewal project, enter “N/A” in this column.
3. In the *third column*, enter the projected level (columns 1 and 2 added together) that your project will attain at a point in time.
4. In the *fourth column*, enter the number of persons to be served over the grant term.

**Chart 1: Beds**

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col.1 + col. 2)	No. Projected To Be Served Over the Grant Term
Number of Bedrooms*	N/A	N/A	N/A	
Number of beds*	N/A	N/A	N/A	

\*Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter “N/A” in the appropriate cells.

**Chart 2: Participants**

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children	N/A	N/A	N/A	N/A
Of persons in families with children a. number of disabled	N/A	N/A	N/A	N/A
b. number of other adults	N/A	N/A	N/A	N/A
c. number of children	N/A	N/A	N/A	N/A
Of single individuals not in families				
a. number of disabled individuals	N/A	N/A	N/A	N/A
b. number of other individuals	N/A	N/A	N/A	N/A

*Note that, if your project is funded, you will be held responsible for achieving the numbers you enter in Section F.*

**Complete Chart 3 based on the following instructions.**

Identify the types of services that will be paid for using SHP funding by entering the amount requested for each type of service and the number of persons who will be served at a point in time and over the grant term. This dollar request must be the same as shown in the "SHP Request" column on Line 6, Supportive Services, in the Project Budget portion of Section "I." Budget.

**Chart 3: Supportive Services**

Supportive Services	SHP Dollars Requested (up to 3 yrs.)	Estimated No. of Persons Served (point in time)	Estimated No. of Persons Served (up to 3 yrs.)
Outreach			
Case Management (Resident Service Coordinators)			
Life Skills (outside of case management)			
Alcohol and Drug Abuse Treatment			
Mental Health Treatment			
AIDS-Related Treatment			
Other Health Care			
Education			
Employment Assistance			
Child Care			
Transportation			
Follow-up (transitional housing programs only)			
Other (please specify)			
Homeless Management Information System (HMIS)			
• Software	\$146,600		
• Hardware	\$172,080		
• Staffing	\$621,667		
• Other	\$ 16,240		
• Subtotal HMIS Dollars Requested	\$956,587		
Total SHP Dollars Requested*	\$956,587		

*\* Total amount must equal the amount shown in the first column, Line 6, of the Project Budget portion of Section "I." Budget*

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## Section G. Operating Budget

Identify the day to day costs of operating supportive housing that will be paid for by using ***SHP funding*** during the requested term of the project. ***Please remember operating costs are ineligible for Supportive Services Only projects.*** This dollar request must be the same as shown in the “SHP Request” column on Line 7. Operations in the Project Budget portion of Section “I.” Budget.

Operating Expense	SHP Dollars Requested (up to 3 years)
<b>Example: Grounds maintenance contract</b>	<b>16,000</b>
1. Maintenance, Repair	
2. Staff (salary, fringe benefits, etc.)	
3. Utilities	
4. Equipment (lease/buy)	
5. Supplies	
6. Insurance	
7. Furnishing	
8. Relocation	
9. Food	
10. Other (specify)	
11. Other (specify)	
<b>Total*</b>	<b>\$0</b>

***\*Total amount must equal the amount shown in the first column, Line 7, of Project Budget portion of Section “I.” Budget.***

## Section H. Homeless Veterans

- Are veterans the primary target population of your proposed project?  
☐ Yes      ☒ No
- Are veterans among the homeless subpopulation(s) your project will specifically target and intends to serve?  
☒ Yes      ☐ No



## Section I. Budget

### Project Budget (complete all 3 columns)

Enter the amount of SHP funds requested by line item in the "SHP Request" column. For leasing, supportive services, and operations, the amount entered should be for **up to three years**, which is the SHP grant term. You may request funding for either one, two, or three years. The term you select must be the same for leasing, supportive services, and operations. **In the "Applicant Cash" column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the "Total Budget" amount for the project, as shown in the last column. Note that match requirements for supportive services and operating costs apply to both new and renewal projects.**

If your project contains one structure or no structures or is a renewal, this is the only budget you need to fill out. If your project is **new** and contains multiple structures, please add up the SHP structure budgets *on the next page* and enter those totals below.

HUD will review this chart in relation to the proposed activities and the number of persons to be served to determine whether the project is cost-effective (which is a threshold criterion).

**Part I. Indicate grant term. Please circle one:**      1      **2**      3      year(s)

### Part II. Complete the Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + 2)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1 through 3)			
5. Real Property Leasing (up to three years)			
6. Supportive Services (up to three years)	\$ 956,587**	\$239,147	\$1,195,734
7. Operations (up to three years)	***		
8. SHP Request (subtotal lines 4 through 7)	\$ 956,587		
9. Administrative Costs (up to 5% of line 8)	\$ 47,829****		
10. Total SHP Request (total lines 8 and 9)	\$1,004,416*****		

\* By law, SHP funds can be no more than 50% of the total acquisition, rehabilitation, and new construction budget.

\*\* By law, SHP funds can be no more than 80% of the total supportive services budget.

\*\*\* By law, SHP can pay no more than 75% of the total operating budget. **Please note this change in the operating match requirement.**

\*\*\*\* Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. **State and local government applicants** and project sponsors **must** work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different). Please refer to section IV (A) (3) of the NOFA. If selected for funding, all applicants **will be required** to submit a plan for distributing administrative funds as part of the technical submission.

\*\*\*\*\* **In the case of renewal requests, renewal project budgets should be based upon the final year of the previous grant. Renewal budgets may reflect a reasonable increase over the final year amount of up to 5 percent.**

**NOTE: The total SHP Request on line 10 cannot exceed the dollar amount on the priority chart for the project.**

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## Structure Budget for Projects With More Than One Structure

If your project is a renewal, do not fill out the structure budget(s).

If your project contains only one structure or no structures, please fill out **only** the project budget *on the previous page*. If, however, your project contains more than one structure, full out the information requested below for the number of structures your project proposes. Do not fill out structure budgets for scattered site leasing projects unless SHP funds for rehabilitation are being requested. For each structure budget, enter the amount of SHP funds requested by line item in the first column. For leasing, supportive services, and operations, the amounts you enter should be for **up to three years**, which is the SHP grant term. You may request funding for either one, two or three years. The term you select must be the same for leasing, supportive services, and operations. In the second column, enter the total cost for each line item, which is the SHP request **plus** all other funds needed to pay for each line item, again, for **up to three years**. For your convenience, four structure budgets are provided below. You may reproduce this page if your project will have five or more structures; however, please attach the additional structure budgets to this page and label them appropriately starting with structure E. Enter administrative costs only on the Project Budget.

### Structure A

Structure Address:

City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

### Structure B

Structure Address:

City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

### Structure C

Structure Address:

City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

### Structure D

Structure Address:

City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

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## Section J. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)
  - ☒ Severely Mentally Ill
  - ☒ Chronic Substance Abusers
  - ☒ Dually Diagnosed
  - ☒ AIDS or Related Diseases
  - ☒ Victims of Domestic Violence
  - ☒ Youth
  - ☒ Women with Children
  
2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)
  - ☐ Yes
  - ☒ No
  
3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as “primarily religious” for purposes of applying HUD’s church/state limitations. For example, while the YMCA is often not considered “primarily religious” under applicable church/state rules, it would likely be classified as a religiously motivated entity.)
  - ☐ Yes
  - ☒ No
  
4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?
  - ☐ Yes
  - ☒ NoIf “yes,” please provide the name of the military installation: \_\_\_\_\_